

Received & Inspected

SEP 3X 2012

FCC Mail Room

August 24, 2012

CGB-CC-0732

Commission's Secretary, Office of the Secretary Federal Communications Commission Attention: CGB Room 3-B431 445 12th Street SW Washington, DC 20554

Dear Mr. Holberg,

This letter is in response to your letter dated August 8, 2012, case identifier CGB-CC-0732. As per your request, the following information is being provided to you for further consideration of exemption of closed captioning for "The New LaVerne Tripp and Family" program.

- The estimated cost for closed captioning per show is between \$180 \$300 for a 30-minute show. With our show airing weekly, this would be a total cost of at least \$9,360.00 and could be as high as \$15,600.00. This cost would create an undue burden at this time since we do not solicit funding for our program nor do we have sponsors or underwriters.
- Since we are a non-profit 501(c)3 organization and our monetary support for "The New LaVerne Tripp and Family" program is generated from partner donations, to add the cost of closed captioning would result in a significant expense increase to produce the television shows and would create an undue burden to our ministry and our partners.
- "The New LaVerne Tripp and Family" program is primarily aired on small local stations. There is only one nationally based network that airs our program, therefore, the added expense of closed captioning would again be an undue burden and if the exemption is not granted, they would not be able to continue airing the program.
- Again, I have enclosed a copy of the 990 for Song Revival Fellowship and Ministries that shows our annual gross revenue for 2011 as \$344,819.

I trust this information will suffice in granting the exemption from providing closed captioning. We do recognize the importance of closed captioning and hope to be able to generate ample funds to provide it for our program in the near future.

LaVerne Tripp, President

Enclosures: 2011 Form 990 Affidavit

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Affidavit

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I, LaVerne Tripp, President of Song Revival Fellowship and Ministries, have reviewed the "Petition for Exemption for Closed Captioning Requirements" and certify that the statements regarding this organization are true and accurate to the best of my knowledge.

LaVerne Tripp

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Date

Late of Tennessee County of Cavidson

Notary Public

My Commission Expires July 7, 2014

Commission Expires

Form 990

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

Open to Public Inspection

A	For the	e 2011 cal	lendar year, or tax	year beginning			, and	d endin	1					
В	Check if	applicable:	C Name of organization SONG REVIVAL FELLOWSHIP & MINISTRIES						D Emp	loyer ider	tification i	number		
\prod_{i}	Address	change	Doing Business As						57-608	57-6082379				
\sqcap	Name ch	nange	Number and street (or P O. box if mail is not delivered to street address) Room/suite							E Telephone number				
=	nitial ret	•	PO BOX 899 (615) 230-7577											
=	Terminat	(0.10/2007)								30-7377				
				or country, and an in		TNI	27066	e 0000	G Gros	e receinte	œ	3.	44 040	
===	Amended													
L	Application	on pending								a) Is this a group return for affiliates? Yes X No				
									Are all affiliates included? Yes No					
I T	ax-exem	npt status:	us: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527						If "No," attac	h a list. (se	e instruction	ons)		
										otion numb	er ► N/A	١		
										···		egal domicile:		
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بك				inationia mission	or most signi	ficant activit	ios: TC	CONI	UCT EV	MCELI	STIC SE	DV//CES T	UPOLI.	
	'	1 Briefly describe the organization's mission or most significant activities: TO CONDUCT EVANGELISTIC SERV												
Activitles & Governance			Y MEDIA POSSIBLE IN ORDER TO REACH A LOST WORLD WITH THE KNOWLEDGE OF THE SAVING GRACE UR LORD JESUS CHRIST.											
		OF OUR	(LOKD 1E202 C	MKISI.										
		promote the second seco												
	2		this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net asset							1				
	3		of voting membe							3			5	
	4	Number	of independent v	oting members of	the governin	ng body (Par	t VI, line 1	1b)		4			5	
	5		ımber of individua							. 5			3	
	6	Total nu	mber of volunteer	rs (estimate if nec	essary)					. 6			0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12								7a			0	
	b	Net unre	elated business ta	xable income from	n Form 990	Vin Common of the Common of th		<u>.</u>	<u></u>	7b			0	
					11-11		Y		Prior Ye			Current Year		
Revenue	8	Contribu	utions and grants	(Part VIII, line 1h)	الحال		. 11			322,78	0	30	04,598	
	9	Program service revenue (Part VIII, line 2g)								1	0		0	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							0					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						L	10,819				3,324	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) .								333,599		32	27,922	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)								(0		0	
	14	Benefits	paid to or for members (Part iX, column (A), line 4)										0	
	15	Salaries,	other compensation			127,93	1	6	32,696					
	16a	Professi	onal fundraising f	ees (Part IX, colu	mn (A), line 1	11e)					0		0	
	b	Total fur												
	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)						222,856		3	212,242		
	18	Total ex	tal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)							350,78	7 274,938			
	19	Revenue	e less expenses. Subtract line 18 from line 12							-17,18	8 52,984			
Net Assets or Fund Balances								Beg	nning of Cu	rrent Year		End of Year		
	20	Total as:	sets (Part X, line '	16)						279,31	1	29	95,967	
	21	Total lial	bilities (Part X, line	e 26)						152,456	3	11	6,128	
	22	Net assets or fund balances. Subtract line 21 from line 20							126,85	5	17	79,839		
Pa														
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.														
and t	elief, it i	s true, corre	ct, and complete. Decla	aration of preparer (oth	er than officer) is	s based on all in	formation of	which pre	parer has an	y knowled	ge.			
Sig	n													
Her		Signature of officer								Date				
	•													
			Type or print name and		15					,	т.	OTIM		
D-'		Print	/Type preparer's name		Preparer's sign	nature		0	ate	Check	i '	PTIN		
Pai		less	se M Mozzini						5/10/2012	1		P00154087	7	
	parer	Blamini Institution Inc.						<u></u>		<u> </u>	<u> </u>			
Use	Only		Firm's name MozziniJustice, Inc.						Firm's EIN ► 20-2069011 Phone no. (423) 554-4455					
			Firm's address ▶ 245 Brock Hollow Road, Pikeville, TN 37367						Phone no					
May	the IF	RS discus	s this return with t	the preparer shov	vn above? (se	ee instructio	ns)				[X Yes	No	